**ALCOHOL ASSESSMENT – BASELINE**

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTERING INSTITUTION  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARTICIPANT ID  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT TYPE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT DATE  (MM/DD/YYYY)  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

**Instructions:**

**For the following questions about drinking alcoholic beverages, a drink means a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor****.**

**When a number is requested in the response, please enter a whole number (i.e. “4”) and not a range or fraction of a number.**

1. In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

Yes

No **(End)**

Refused **(End)**

Don’t know/Not sure

1. In the past 12 months, on average, how often did you drink any type of alcoholic beverage?

\_\_\_\_\_\_\_\_ (Enter the number of days you drank based on the timeframe checked below. Enter 0 if you never drank and skip to Question 6.)

Week

Month

Year

Refused

Don’t know/Not sure

1. In the past 12 months, on those days that you drank alcoholic beverages, on average, how many drinks

did you have per day?

\_\_\_\_\_\_\_\_ (Enter the average number of drinks per day)

Refused

Don’t know/Not sure

1. In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?

\_\_\_\_\_\_\_\_\_ (Enter the number of days you had 5 or more drinks, or enter 0 if none.)

Refused

Don’t know/Not sure

1. Was there ever a time or times in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

Yes

No

Refused

Don’t know/Not sure

1. If you do not currently drink alcoholic beverages, but did in the past, how long has it been since

you last drank regularly?

Within the past month (0 to 1 month ago)

Between 1 and 3 months (1 to 3 months ago)

Between 3 and 6 months (3 to 6 months ago)

Between 6 and 12 months (6 to 12 months ago)

Between 1 and 5 years (1 to 5 years ago)

Between 5 and 15 years (5 to 15 years ago)

More than 15 years ago

Don’t know/Not sure

Never drank regularly

1. At the heaviest point, either now or in the past, on the days when you drank, about how many drinks did you drink a day on the average?

\_\_\_\_\_\_\_\_\_\_ (Enter the number of drinks a day)

Refused

Don’t know/Not sure

1. How many years have you been drinking (or did drink) regularly?

\_\_\_\_\_\_ years

Refused

Don’t know/Not sure

1. At what age did you begin drinking regularly?

\_\_\_\_\_\_ years of age

Refused

Don’t know/Not sure

1. What type(s) of alcohol do you drink? (Mark ALL that apply)

Wine

Liquor

Beer

Wine cooler

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

*(MM/DD/YYYY)*

Investigator Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_